PERMIT APPLICATION REVIEW FORM

Review Requested by:	Donna Wilson Date Requested: 4-26-12
Facility Name and Permit ID	Carolina Resource Recovery, 0106-COMPOST-
Applicant (Owner) Name	Carolina Recovery, Inc.
Description of Permit Request [This is the action the applicant requesting in accordance with NCGS 130A-295.8(b)]	 (1)c. New – Expand Waste Boundary (1)d. New – Substantial Amendment (2)a. Amendment – Next Phase of the Approved Facility Plan (2)b. Amendment – Five-year Renewal (2)c. Amendment – Change in Ownership (3)a. Modification – Change to Approved Plans (No CHR) (3)b. Modification – Subsequent Permit to Operate (No CHR)
Permit Fee	\$ already paid
Date Application Received	<u>11-10-11</u>
Contact Name, Title & Phone #	Steven S. Scott, Owner, 919-563-3469
Company	Carolina Resource Recovery, Inc.
911 Address	
Mailing Address	3285 Jones Dr.
City/State/Zip	<u>Mebane</u>
Parent Company	<u>NA</u>
Known Subsidiaries	<u>NA</u>
Other known names business had operated under	as <u>NA</u>
Known Counties of Operation	Alamance
Does the applicant have a past current solid waste permit?	or Yes ⊠ No □ Unknown □ Facility Type: compost Permit #: 0106-COMPOST-
Does the applicant have other DENR permits?	Yes ⊠ No ☐ Unknown ☐ Division: <u>DWQ</u> Facility Type: <u>stormwater</u> Permit #:
Did the permit applicant submit Financial Assurance cost estimates?	Yes ☐ No ☐ N/a ☐ Not Needed ⊠
Are the cost estimates sufficient	? Yes □ No □ N/a ⊠
Other notes	Currently permitted as compost facility, requested change to T&P facility